



JON S. CORZINE  
Governor

## New Jersey Office of the Attorney General

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Office of the Director  
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October 10, 2006

Dear Licensee,

I am writing to you about an important new law that will improve awareness and access to treatment for postpartum depression (PPD). On April 13, 2006, Governor Jon Corzine signed a bill that made New Jersey the first state in the nation to require health care providers to screen women for PPD and to inform pregnant women and their families about this condition. This notice includes information about PPD, the newly enacted law and resources available to assist you in complying.

While the common and self-limited postpartum blues occur in up to 80% of new mothers, **Postpartum Depression (PPD)** is estimated to effect 10-20% of new mothers. Approximately 15,000 women in New Jersey experience PPD each year. Women with a history of mental illness are at greater risk for the condition. Many of these women remain undiagnosed and untreated. In addition to the immediate painful and sometimes tragic burden of depression suffered by the woman and her family, there is growing evidence in the pediatric literature of potential negative consequences for the newborn child that are long term rather than transitory.<sup>1</sup>

**Postpartum Psychosis** occurs in .14-.26 % of childbearing women. The condition often exhibits symptoms within the first 2 weeks postpartum but can occur many months after delivery. Post partum psychosis is more common in women with a history of bipolar disorder. The suicide rate for women affected with postpartum psychosis is 5% , the infanticide rate is also 5%.<sup>2</sup>

### **The Postpartum Depression Law (N.J.S.A. 26:2-176)**

N.J.S.A. 26:2-176 took effect on October 10, 2006. The Commissioner of Health and Senior Services, with assistance from the Board of Medical Examiners and the Board of Nursing, has worked with a broad group of professional, government, insurance and mental health organizations to develop policies and procedures to meet the requirements of the legislation. (Postpartum Depression Workgroup)<sup>3</sup> A summary of the pertinent requirements follows.

- ***Licensed health care professionals who provide prenatal care shall provide education to women and their families about PPD.***
- ***Licensed health care professionals who provide postnatal care to women shall screen new mothers for PPD prior to discharge from the birthing facility and at the first few postnatal check-up visits.***
- ***All birthing facilities shall provide departing new mothers and fathers and other family members, as appropriate, with complete PPD information including symptoms, methods of coping and treatment resources.***

## **PPD Workgroup guidelines to assist health care provider compliance.**

- State published educational brochures for patients and their families are available and recommended to assist in meeting the prenatal education requirement. Factually accurate and effective alternative educational materials may also be used.
- The self administered Edinburgh Postpartum Depression Scale (EPDS) is recommended as the screening tool. EPDS is a proven effective screening tool that is freely available for copying. The 12-question EPDS is deliberately simple to score and interpret. Alternative screening systems exist and may be used if they have been supported in the peer reviewed professional literature.
- Health care providers during the prenatal period should screen and/or identify risk factors in an effort to identify persons at increased risk for developing PPD. This information should be clearly recorded in the prenatal record.
- Health care professionals providing new baby care often have more interaction with the family than the clinician providing postnatal care. All health care providers providing infant care are encouraged to participate in this program.
- Mothers whose screening indicates moderate or high risk for PPD should:
  1. Receive a copy of the results of their screening.
  2. Be counseled regarding the implications of their risk status along with other family members as appropriate.
  3. Be supplied with educational, self care and local resource materials.
  4. Be encouraged to participate in further evaluation for diagnosis, and if necessary, treatment from an appropriate primary care or mental health provider.
  5. Receive referral information for services clinically appropriate, up to and including emergency intervention.
- The **PPD Public Hotline number 1-800-328-3838** will help callers find resources appropriate to their situation. Medically indigent patients will be connected to University Behavioral Health Services for evaluation and treatment.
- Communication between licensed health care professionals about a mother's PPD risk status is protected, as is discussion of other mental health and obstetric risk factors.
- The Maternal Child Health Consortia will serve as resource centers for health care professionals working outside of the institutional setting in the areas served by their member facilities. The Consortia will continue providing educational seminars and materials for health care providers on this topic.

The PPD Workgroup has developed guidelines to aid institutions with implementation of this law. Two training sessions for institutions have been conducted by the New Jersey Hospital Association in partnership with DHSS and the Central New Jersey Maternal and Child Health Consortium. Individual hospitals and birthing facilities have in place or are currently developing policies in order to comply with N.J.S.A. 26:2-176. Please contact appropriate representatives at your birthing facilities for institution-specific guidance.

More information on PPD and the State of New Jersey education and referral program can be found at <http://www.nj.gov/health/fhs/ppd/home.shtml> or at <http://www.njspeakup.gov> .

Copies of the Edinburgh Postpartum Depression Scale (EPDS) in English and Spanish can be downloaded at <http://www.state.nj.us/health/fhs/ppd/screeningtool.shtml>

Contact information for Maternal and Child Health Consortia with a list of affiliated hospitals is listed on the back of this page.

Sincerely,



Stephen B. Nolan  
Acting Director

1. Currie M, Rademacher R. The pediatrician's role in recognizing and intervening in postpartum depression. Pediatric Clinics of North America, June 2004; Vol 51(3).

2. Gabbe: Obstetrics - Normal and Problem Pregnancies, 4th ed., Copyright © 2002 Churchill Livingstone Inc. (716-718).

3. Copy of the statute can be accessed from [http://www.njleg.state.nj.us/2006/Bills/PL06/12\\_.PDF](http://www.njleg.state.nj.us/2006/Bills/PL06/12_.PDF) .

## **New Jersey Maternal and Child Health Consortia**

### **Northern NJ Maternal Child Health Consortium**

Contact: Judy Weisel 201-843-7400 [jweisel@nnjm-chc.org](mailto:jweisel@nnjm-chc.org)

Chilton Memorial Hospital	St. Barnabas Hospital
Barnert Hospital	St. Clare's Hospital
Columbus Hospital	St. Joseph's Hospital
Englewood Hospital	St. Mary's Hospital
Holy Name Hospital	The Valley Hospital
Pascack Valley Hospital	

### **Gateway Northwest Maternal and Child Health Network**

Contacts: Naomi Savitz and Ruth Brogden 973-268-2280

[nsavitz@gatewaymch.org](mailto:nsavitz@gatewaymch.org) and [rbrogden@gatewaymch.org](mailto:rbrogden@gatewaymch.org)

Clara Maass	Newton Memorial Hospital
Hackensack University Medical Center	Overlook Hospital
Hackettstown	PBI Regional Medical Center
JFK Medical Center	St. James Hospital
Morristown Memorial Hospital	Trinitas Hospital
Mountainside Hospital	UMDNJ University Hospital
Newark Beth Israel Medical Center	Warren Hospital

### **Hudson Perinatal Consortium, Inc.**

Contact: Judy King 201-876-8900 [jking@hudsonperinatal.org](mailto:jking@hudsonperinatal.org)

Bayonne Medical Center	Jersey City Medical Center
Christ Hospital	Palisades Medical Center
St Mary-Hoboken	Meadowlands Medical Center

### **Central NJ Maternal Child Health Consortium**

Contact: Charlotte Feeney 732-937-5437 [cfeeney@cnjmchc.org](mailto:cfeeney@cnjmchc.org)

Hunterdon Medical Center	Capital Health System - Mercer Medical Center
Somerset Medical Center	University Medical Center at Princeton
Muhlenberg Regional Medical Center	Robert Wood Johnson Medical Center at Hamilton
Raritan Bay Medical Center	Capital Health System at Fuld
Robert Wood Johnson Medical Center	Saint Francis Medical Center
Saint Peter's University Hospital	

### **Regional Perinatal Consortium of Monmouth & Ocean Counties, Inc.**

Contact: Kay O'Keefe 732-363-5400 [kokeefe@rpcmoc.org](mailto:kokeefe@rpcmoc.org)

CentraState	Kimball Medical Center
Riverview Medical Center	Ocean Medical Center
Jersey Shore University Medical Center	Community Medical Center
Monmouth Medical Center	Southern Ocean County Hospital

### **Southern NJ Perinatal Cooperative, Inc.**

Contact: Barbara May 856-665-6000 [bmay@snjpc.org](mailto:bmay@snjpc.org)

AtlantiCare Regional Medical Center, City & Mainland	
South Jersey Healthcare-Elmer Hospital	Virtua Memorial Hospital of Burlington County
South Jersey Healthcare- Regional Medical Center	The Memorial Hospital of Salem County
Burdette Tomlin Memorial Hospital	Lourdes Medical Center of Burlington County
Cooper University Hospital	Shore Memorial Hospital
Deborah Heart and Lung Center	Underwood Memorial Hospital
Kennedy Health Systems Stratford	Virtua West Jersey Hospital Voorhees
Kennedy Health Systems Washington Township	Our Lady of Lourdes Medical Center